

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001278

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

11

FILED FEB 11 1963

## 1. PLACE OF DEATH

a. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BethanyLength of stay in 1b  
6 mo.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Noll HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Harrison

c. CITY OR TOWN Bethany

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1818 East Main St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Arthur Cleveland Kountz4. DATE OF DEATH  
Month Day Year  
2-5-19635. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6-14-18859. AGE (last birthday)  
77IF UNDER 1 YEAR  
Months Days Hours Min.  
7 2110a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farmer10b. KIND OF BUSINESS OR INDUSTRY  
-11. BIRTHPLACE (City and state or country)  
Vinton County Iowa12. CITIZEN OF WHAT COUNTRY  
U.S.

## 13a. FATHER'S NAME

Henry Thompson Kountz

## 13b. MOTHER'S MAIDEN NAME

Mary Jane Covington

## 14. NAME OF HUSBAND OR WIFE

Stella

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
no no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Stella Kountz, Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Peripheral vascular collapse

INTERVAL BETWEEN  
ONSET AND DEATH  
8 HoursConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Peritonitis, generalized

7 Days

## DUE TO (c)

Ruptured appendix

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-28-63 to 2-5-63 and last saw him alive on 2-5-63  
Death occurred at 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

Burial

2-8-1963

Miriam

Bethany, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

M. B. Haas

Bethany, Mo.

2-8-1963

Stella Maxey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10411

204112

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95501

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13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_  
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.